

MEMORY TRANSMISSION REPORT

PAGE : 001
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FILE NUMBER : 099
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*** SUCCESSFUL TX NOTICE ***

<p><small>Under the Password Reduction Act of 1991, no person is required to respond to a collection of information unless it displays a valid OMB control number.</small></p> <p>TRANSMITTAL FORM</p> <p><small>(To be used for all correspondence after initial filing)</small></p> <p>Total Number of Pages in This Submission</p>		<p><small>Approved for use through 07/31/2009. OMB 0581-0001</small></p> <p><small>U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE</small></p> <p>Application Number: 08462,402</p> <p>Filing Date: 8/7/1999</p> <p>First Named Inventor: Scott Resopert</p> <p>Art Unit: 1842</p> <p>Examiner Name: G. Unger</p> <p>Attorney Docket Number: 103105.101C1 (A-105TDV3)</p>	
<p>ENCLOSURES (Check all that apply)</p>			
<p><input type="checkbox"/> Fee Transmittal Form</p> <p><input type="checkbox"/> Fee Attached</p> <p><input type="checkbox"/> Amendment/Reply</p> <p><input type="checkbox"/> After Final</p> <p><input type="checkbox"/> Affidavits/declaration(s)</p> <p><input type="checkbox"/> Extension of Time Request</p> <p><input type="checkbox"/> Express Abandonment Request</p> <p><input type="checkbox"/> Information Disclosure Statement</p> <p><input type="checkbox"/> Certified Copy of Priority Document(s)</p> <p><input type="checkbox"/> Reply to Missing Parts/Incomplete Application</p> <p><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.63</p>		<p><input type="checkbox"/> Drawing(s)</p> <p><input type="checkbox"/> Licensing-related Papers</p> <p><input type="checkbox"/> Petition</p> <p><input type="checkbox"/> Petition to Convert to a Provisional Application</p> <p><input type="checkbox"/> Power of Attorney, Revocation</p> <p><input type="checkbox"/> Change of Correspondence Address</p> <p><input type="checkbox"/> Terminal Disclaimer</p> <p><input type="checkbox"/> Request for Refund</p> <p><input type="checkbox"/> CD, Number of CD(s)</p> <p><input type="checkbox"/> Landscape Table on CD</p>	
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<p>Remarks</p> <p>Please see attached sheet for explanation of attachments to this Transmittal Form.</p>			
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Firm Name		Stout, Uxa, Buyan & Mullins LLP	
Signature		<i>Donald E. Stout</i>	
Printed name		Donald E. Stout	
Date		December 3, 2004	
		Reg. No.	34,493
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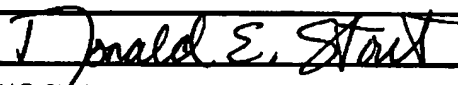
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TRANSMITTAL FORM	Application Number	08/482,402	
	Filing Date	6/7/1995	
	First Named Inventor	Basil Rapoport	
	Art Unit	1642	
	Examiner Name	S. Ungar	
(to be used for all correspondence after initial filing)		Attorney Docket Number	102105.151C1 (A-1997Div3)
Total Number of Pages in This Submission			

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<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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